VS. A15

The correct age

JUN 4 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1-

290000

04688

	Aeg. Dist. No
1. PLACE OF DEATH. COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DEPEASED. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 6202 - 5th off MW, well
3. NAME OF DECEASED (Middy) Hulling (Middy)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 9 2 7 193
6. COLOR OR RACE 7. SINGE, MARRIED, WIDOWED DEVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work down work down with most of forking life even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITTEN OF WHAT COUNTRY
Biago Balliston	14. MOTHER'S MAIDEN NAME
15. Was Dockased Ever IN U.S. Armed Forces? 16. Social Security No. (Yes, no, of unknown) (If yes, give war or dates of service)	July Belliston
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	pocardial deleter 4 yes
H22. 2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ad sitting in chair
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No.} \text{No.} \text{No.} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
	70 ()
22. I hereby certify that I attended the deceased from.	., 19 to
alive on, 19, and that death occurred at	6
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
and the state of t	DY OR ORDINATION LAGRENCY OF
REPROVEDUSTRIAN June (1851 For Time	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5 22 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	June June Address

BUREAU V. S.

2411 N. Charles Street, Baltimore

04689

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Colored MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Calrect
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town arran (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) West	(Last) 4. DATE (Month) (Day) (Year) OF DEATH May (3, 19-57)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday 15 onder 1 year 1 under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) Tarmana	Parray , Transfand 12. Citizen of What Country, Country, S. Q.
13. FATHER'S NAME & Bowen	14. MOTHER'S MAIDEN NAME Walter Bowen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war, or dates of service)	mary Refuce Bowen - Parran, Ind
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) AlCentin	e of ninec
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause attaing the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \(\text{No} \(\text{D} \)
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SPECIFY OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 195, to 5, 195, that I last saw the deceased
alive on SIGNATUE	ADDRESS DATE SIGNED
Jane How (RY OR CREMATORY LOCATION (City, town, or county) (State)
REMODAL Greetly may 16, 1951 Emanuel	Cemetery Parran - Snavyland. 24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE REG. 3-14-51 REGISTRAN'S SIGNATURE	La, a Harkness How - milliag, Ind
	100105

MARGIN RESERVED FOR BINDING

VS. A15

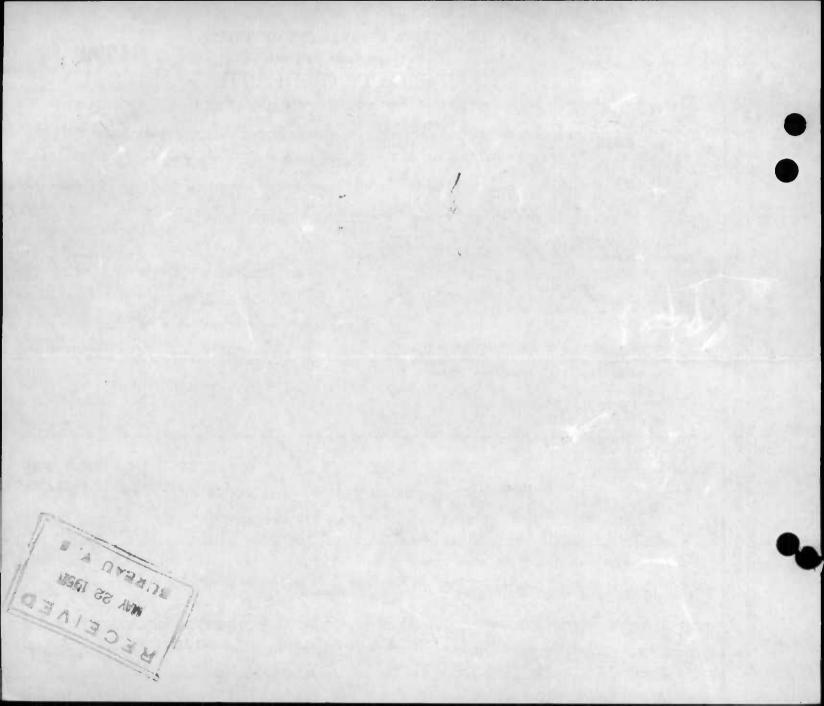


2411 N. Charles Street, Baltimore

04690

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Calder to MARYLAND	Mary lard COUNTY	Calsut
OR give pearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calsert Co. sta Hospital	STREET (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Boly Gul Buck.	Estelle Maria DEATH May	(Day) (Year) 2 0 19 57
6. COLON OR MACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 54/2	S. DATE OF BIRTH 9. AGE last birthday If under I	year If under 24 hrs. Days Hours Mln.
10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. DIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT OUNTRY? 4. S. a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Sundwland Buck	Bessie moore	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	mother Bessie Buck	- L 1.1
18. MEDICAL CEN	RTIFICATION	A 11 3 0 , 10
	IN THE RESERVE TO THE PARTY OF	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) On e ma f	ty	- 40 B PQ 10 BQ PP 11 1 10 TOO TOOMING TOO 11 12 12 12
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	U	PB 000 000 hob * + + + 12 + + * + + + + + + + + + + + + + + + +
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	The state of the s	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 29.	, 19.5-/, to, 19, that I last sa	w the deceased
alive on, 19 and that death occurred at	m., from the causes and on the date sta	ted above.
SIGNATURE Con Manuel	Stheomus, Im &	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 5 21-51 EASTERY		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-2/-5/	24. FUNERAL DIRECTOR	ADDRESS
205191222220		



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04691

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY MARYLAND	STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR A
TOWN Pr. Stederick	TOWN Ruth Beach
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS COlvert County Hosbital	ADDRESS Chisakeake ane.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF
(Type or Print) Hytie	(TYAY DEATH) /2 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
MA/e White (Specify) Married	MAYCA 8. 1886 65 yrs.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Blade land on Country?
B / ACK S M' TA 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph GYAY	Wife - Birdie LTYAY
15. Was DECRESED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
service)	
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Gerone M	worandelin 4m
Immediate cause (a)	and the second s
Antecedent cause(s)	
Ameredent causo(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
7 300	
THE COMPLETE OF CONTRACT OF THE CONTRACT OF TH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	11/22
Conditions contributing to the death but not related to the disease or condition causing death.	eden 4 les
Conditions contributing to the death but not	elen 4 les
Conditions contributing to the death but not related to the disease or condition causing death.	V
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes 🗆 No 💢
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	Yes 🗆 No 📉
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) 10 OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY OCCURRED	Yes 🗆 No 📉
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hldg., etc.) SUICIDES OF OFFINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hldg., etc.) INJURY INJURY OCCURRED While at Not While INJURY Not While At work At work INJURY Work At work INJURY INJURY	(CITY OR TOWN) (COUNTY) Yes No You have the second of the
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF OFF INJURY INJURY OCCURRED OF OFF INJURY OCCURRED OCCUR	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1957, to May 12, 1957, that I last saw the deceased
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not Work At work	HOW DID INJURY OCCUR?
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF OFF INJURY INJURY OCCURRED OF OFF INJURY OCCURRED OCCUR	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1957, to May 12, 1957, that I last saw the deceased
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not Work At work	HOW DID INJURY OCCUR?
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) 18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 22. I Month (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work 1 At wor	HOW DID INJURY OCCUR? DATE SIGNED ADDRESS DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY INJURY INJURY INJURY OCCURRED While at Not While Not While Not While Not Work At work 22. I hereby certify that I attended the deceased from At work 23. BORIAL, CREMATION DATE NAME OF CEMETE	HOW DID INJURY OCCUR? ADDRESS DATE SIGNED ADDRESS A
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) 18a. DORIAL (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While at Not While a	HOW DID INJURY OCCUR? DATE SIGNED ADDRESS DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) 11. INJURY OCCURRED While at Not While office hldg., etc.) 22. I hereby certify that I attended the deceased from alive on 192, and that death occurred at SIGNATURE 23. DORIAL, CREMATION DATE (Degree or title) 24. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR? DATE SIGNED ADDRESS DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) 18a. DORIAL (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While at Not While a	HOW DID INJURY OCCUR?
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office hidg., etc.) 19a. DATE (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY Not While at Not While INJURY At work At work 1971, and that death occurred at SIGNATURE (Degree or title) 22. I hereby certify that I attended the deceased from (Degree or title) 23. PORIAL, CREMATION DATE (Degree or title) 24. PORIAL, CREMATION DATE (Degree or title)	HOW DID INJURY OCCUR?



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04692

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARYLAND MARYLAND	STATE med COUNTY Calment
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Towner Fuclences (in this place)	TOWN St. Leonards
HOSPITAL OR'	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS Carrel Court Work Tol	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED 700	OF
(Type or Print) / Kellend	notesson DEATH May 15, 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday Wunder 1 year If under 24 hrs. Months Days Hours Min.
(Specify)	tel. 25, 1887 64 yrs. 2 20
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working-life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working-life, even if retired) INDUSTRY	Calcatte Ind Country 5. 2.
13. FATHER'S NAME -	14. MOTHER'S MAIDEN NAME
Nellan, derose	Orese C. C. a.e.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT
	Levis The desert (4 to solo)
no service) hov no	fewer per deren - VI, demarks, me
18. MEDICAL CER	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	7 10-11
Immediate cause (a) (a)	60/ wowser
Antonedant compa(a)	
15/X Antecedent cause(s)	
Diseases or conditions, if any, (b)	***************************************
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	10-70-10-10-10-10-10-10-10-10-10-10-10-10-10
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work ☐ At work /☐	
INJURI III. WOIR At WOIR	
22. I hereby certify that I attended the deceased from.	1950 to 5/1.5 195/ that I last saw the deceased
8//	in towning to influence in the control of the contr
alive on, 19, and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Alliha	5100
Meen -	Hundreylown ~/17/57
23. BURIAL, CREMATION DATE REMOVAL (Specify) 10 10 10 10 10 10 10 10 10 10 10 10 10 1	RY OR CREMATORY LOCATION (City, town, or county) (State)
Bunal May 19, 1951 Waters me	mouse Cim Waland Crake 7.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 5/18/51 Dr. Dush Hard	a. a Sharkenes . I Dento mustical Tina
- I was a frager of all the	and the state of the state of the

VS. A15



C. A. Questo BATE 5/23/30

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04693

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Calvert MARYLAND	Marina Calner
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town) (in this place)	TOWN Barstow
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	4. DATE (Month) (Day) (Year) OF DEATH May 30, 1957
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday Livinder 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR done during most of vorking life, even if retired) [INDUSTRY]	1/ BIRTIN LACE (State or foreign country) 12. CITIZEN OF WHAT
Waluman Tishing typhum	Labout County, Md Hev. a.
13. FATHER'S NAME Surge, W. Mister &	Mannie Clare
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (II yes, give war or dates of 2/9-/6-2065	mary mester - Bustone had
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONGET AND DEATE
100000000000000000000000000000000000000	home TWIND and.
Immediate cause (a)	and areas
420, Antecedent cause(s)	
Diseases or conditions, if any, (b)	. 100 00 10 10 10 10 10 10 10 10 10 10 10
94 a giving rise to the above cause	
(a)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a, DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
198, DATE OF OPERATION 138. MAJOR FINDINGS OF OPERATION	
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., ctc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
4/	
22. I hereby certify that I attended the deceased from / 2	, 195/, to, 195/, that I last saw the deceased
alive on 5/30, 1957, and that death occurred at SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
THI MODAL STEELS	Tueston Mol
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) June 2, 1951 asbury	Em. Basslow, med
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 5/31/5-1 X-W Ward	U.a. Harkness & Son - mulual, Tad
	7/0/26

BUREAU V. S.
BUREAU V. S.

MARYLAND

LENGTH OF STAY

(in this place)

STATE

TOWN STREET

ADDRESS

OR

2. USUAL RESIDENCE (HOME) OF DECEASED

CITY (If outside corporate limits, write RURAL and give nearest town)

(If rural, give location)

correct

The

I. PLACE OF DEATH-

HOSPITAL OR INSTITUTION OR

OR give nearest town)

CITY (If outside corporate limits, write RURAL and

COUNTY

FOR MARGIN RESERVED

ion carefully. STREET ADDRESS death clearly an 4. DATE (Middle) (Last) (Month) 3. NAME OF (First) OF DECEASED May DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday | U under 1 year | If under 24 hrs. | Months. | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX (Specify) marrie 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY ruland Supply every item write the causes of 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK. please Immediate cause Antecedent cause(s) UNFADING t. Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. , WITH UI 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) 21. ACCIDENT (Specify) SUICIDE HOMICIDE PLAINLY, is especially i INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) TIME (Month) (Day) (Year) While at Not While At work | INJURY Work 22. I hereby certify that I attended the deceased from.........., 19......, to................, 19......., that I last saw the deceased WRITE ADDRESS (Degree or title) SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ASE 23 BURIAL, CREMATION DATE REMOVAL (Specify) PLE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.

Reg. Dist. No ...

(Day)

COUNTRY?

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes |

(STATE)

DATE SIGNED

ADDRESS

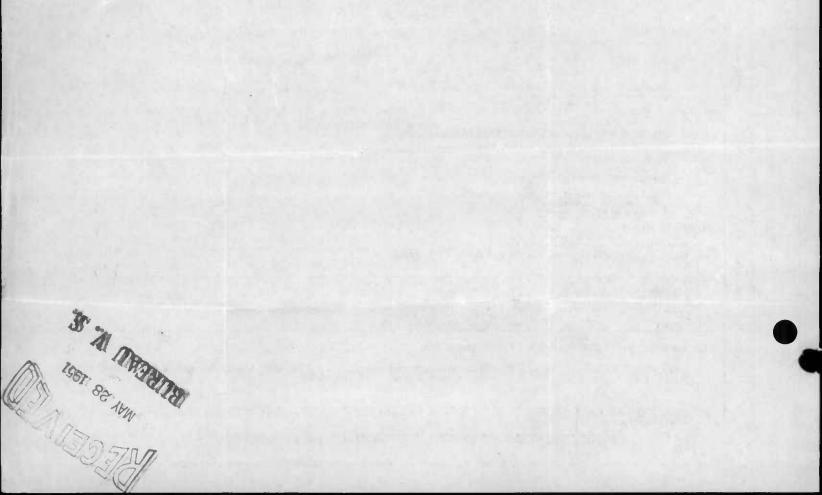
(State)

(COUNTY)

No I

(Year)

1951



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04695

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	000
(alver MARYLAND	md	alvert
OR giveneares rown (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvet to. Work.	STREET (If rural, give location)	
3. NAME OF (Eirst) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Michael Bake Lee Blog	ude DEATH May	11, 1957
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If whder 1	year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or Industry Three		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	70.01
Man Carl	marquented Time	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMACT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	7 Kohb Rundo	
18. MEDICAL CE	RTIFICATION //	
		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		UNDEL AND DEATH
Immediate cause (a) // // // // // // // // // // // // //		*500 PB ** PB PB 1404 1 04111199999999999
/// / Antecedent cause(s)		
Diseases or conditions, if any, (b)		v4 44 44 00 000000000000000000000000000
(a)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
198, DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SPECIFY OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	. 19 to	Tr the desensed
		w the deceased
alive on		
	m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)		
23. BURIAL CHAMATION DATE THEREOF NAME OF CEMETE	ADDRESS and on the date sta	ted above. DATE SIGNED
23. BURIAL CHAMPION DATE THEREOF NAME OF CEMETE REMOVEY (Specify) DATE REC'D BY LOCAL REGISTRAS SIGNATURE	ADDRESS and on the date sta	ted above. DATE SIGNED
23. BURIAL CHAMMION DATE THEREOF NAME OF CEMETE REMOVER (Specify) May 12, 1951 Maddles	ADDRESS The causes and on the date state an	tted above. DATE SIGNED (State)



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04687

CERTIFICATE OF DEATH

DECEASED (Type or Print) 6. SEX 6. COLOR OR RACE (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of Working life, even if retired) 10b. Kind of Business or 11. Birthplace (State or foreign country) 11. MOTHER'S MAIDEN NAME 12. Country 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or-maknown) (If yes, give war-or dates of light war-or da	Day) (Yess) 1977 Per If under 24 are Hours Min. Pitizen of What NTEY?
CITY (If outside corporate limits, write RURAL and OR glyb grearest town) OR glyb greatest town) TOWN TOWN TOWN INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (Type or Print) 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWECD, DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? If. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH II. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CITY (If outside corporate limits, write RURAL and give in OR TOWN CITY (If outside corporate limits, write RURAL and give in OR TOWN CITY (If outside corporate limits, write RURAL and give in OR TOWN (If rural, give location) ADDRESS (If rural, give location) (If rural, give location) ADDRESS (If rural, give location) (If rural, give location) ADDRESS (If rural, give location) (If rural, give location) ADDRESS (If rural, give location) (If rural, give location) ADDRESS (If rural, give location) If DEATH OF DEATH OF DEATH 14. DATE OF DEATH OF DEATH 15. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or-spiknown) (If yes, give war-or dates of location) II. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Day) (Yes) 197) Pear If under 24 arm Ministry NTERVAL BETWEEN
HOSPITAL OR HOSPITAL OR STREET ADDRESS STREET ADDRESS (If rural, give location) (Indete) (Ind	Day) (Yess) 1977 Per If under 24 are Hours Min. Pitizen of What NTEY?
INSPITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (Middle) (Last) (A. DATE (Month) (D. DEATH) (Type or Print) (Type or Print) (Specify) (IT II under 24 am August Hours Min. Citizen of What Inter?
OF DEATH (Type or Print) 6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, S. DATE OF BIRTH 9. AGE last birthday If under 1 years of the service of the s	IT II under 24 am August Hours Min. Citizen of What Inter?
6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or li. Birthplace (State or foreign country) 12. Country 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or-unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION 19. AGE last birthday if under 1 ye Months Divorted in the property of the prop	Hours Min. Citizen of What Inter?
done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. [17. INFORMANT AND ADDRESS (Yes, no, or-suknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A Shore
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. 17. Informant and address (Yes, no, or-spiknown) (If yes, give war or dates of service) 18. Medical Certification 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	STERVAL BETWEEN
(Yes, no, or-spiknown) (If yes, give war or dates of Record attention) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	STERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause (a) Irown	NSET AND DEATH
Immediate cause (a) VIVVV	
	· · · · · · · · · · · · · · · · · · ·
127.8 Antecedent cause(s)	
Diseases or conditions, if any, (b)	************************
giving rise to the above cause at the above cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No N
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, HOMICIDE (INJURY) (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While INJURY More Work Work	
22. I hereby certify that I attended the deceased from, 19, to	the deceased
alive on, 19, and that death occurred atm., from the causes and on the date state	d shove.
SIGNATURE (Degree or title) ADDRESS	
Howard one (Film lad	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR-CREMATORY LOCATION (City, town, or county) REMOVAL (Specify)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	DATE SIGNED
REMOVAL (Specify) may 7, 1951 Water's menniel I cheland buck	OATE SIGNED (State)



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04696

1. PLACE OF DEATH Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY CELEBRATE
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town town the following the state of the place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF // (First) (Middle)	(Last) 14. DATE (Month) (Day) (Year)
(Type of Print) Just Buy Willow	OF DEATH 5 28 1991
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired INDUSTRY	11. BEATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
farmer-Owner farm	ma. ask
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of 216-18-5564	Eugene Wallon
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Prille also	1 would think
Immediate cause (a) 4	
Diseases or conditions, if any, (b)	
stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	road will will
19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🐧
21. ACCIDET (Specify) PLACE (Hyme, farm, factory, street, OF office lider etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE	Calut lag
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY - Arwork Arwork	HOW DID INJURY OCCUPY
	, 19, to, 19, that I last saw the deceased
alive on, 19, and that death occurred at	ADDRESS DATE SIGNED
Sill Ward & M.	E Geni, /ild
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 28 1951 Lace L. 2/11/1	· Tom H Herling Outin

